

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/890265		FILING DATE		
APPLICANT(S)											
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.		29					TOTAL DEP.				
TOTAL CLAIMS		30					TOTAL CLAIMS				
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS											
FORM PTO-1360 (REV. 3-78)											
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